

**Work Order ID 94735****\*94735\***

Page 1

December-20-12 8:14:49 AM

Item ID: D4034-3

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Rib

Start Date: 12/24/12 Start Qty: 2.00

**\*2\***

10x

Required Date: 1/11/13 Req'd Qty: 2.00

**\*2\***

Reference:

Cust Item ID:

Customer:

Approvals: Process Plan:

*RP* Date: 13-04-13

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr								
----------	--------------	--	--	--	--	--	--	--	--

D4034	B								
-------	---	--	--	--	--	--	--	--	--

100		0.00							
-----	--	------	--	--	--	--	--	--	--

<b>*100*</b> Large Fab		0.00							
---------------------------	--	------	--	--	--	--	--	--	--

Large Fab	Memo	0.00							
-----------	------	------	--	--	--	--	--	--	--

1- Cut tube as per dwg D4034  
2- Drill and chamfer holes as per dwg use DT9715

110	QC6- Inspect dimensions to drawing	0.00							
-----	------------------------------------	------	--	--	--	--	--	--	--

<b>*110*</b> QC	Memo	0.00							
--------------------	------	------	--	--	--	--	--	--	--

Quality Control									
-----------------	--	--	--	--	--	--	--	--	--

120	Identify as per dwg & Stock Location:	0.00							
-----	---------------------------------------	------	--	--	--	--	--	--	--

<b>*120*</b> Packaging	<i>Badat cell</i>	0.00							
---------------------------	-------------------	------	--	--	--	--	--	--	--

Packaging	Memo	0.00							
-----------	------	------	--	--	--	--	--	--	--

10x *me* 13-04-1510x *dy* 13-04-1510x *dy* 13-04-15

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other			

Work Order ID 94735

\*94735\*

Page 2

December-20-12 8:14:49 AM

Item ID: D4034-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Rib

Stop

\*NS2\*

Start Date: 12/24/12 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 1/11/13 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

130

QC21- Final Inspection - Work Order Release

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

\*130\*

QC

Quality Control

0.00

Memo

0.00

13/4/16

13-04-16

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

# Picklist Print

December-20-12 8:14:48 AM

Page 1

Work Order ID: 94735

Parent Item: D4034-3

Parent Item Name: Rib

Start Date: 12/24/12

Required Date: 1/11/13

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP RevA: new issue DD 09.11.23 verified by:EC IPP Rev:B as per dwg revA 10.03.15  
verified by:EC IPP Rev:C 11.01.18 chg qc5 to 6 DD verf:EC IPP  
Rev:D 11.01.19 AS PER DWG REV.B DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304TS0.750W.049 304 SQ Tube .75x.75x.049W		Purchased	No			100	f	905.1312	1.4375	3.0263158			<i>PL 13.4-15</i>

Location	Loc Qty	Loc Code
MAT017	2.0156214	
121898	2.0156214	
WA006	903.1155859	
122201	0.1626	
122425	39.0000000	
122666	0.7293	
122710	20.5	
123219	289.5	
123484	553.223686	

124499

15.15

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

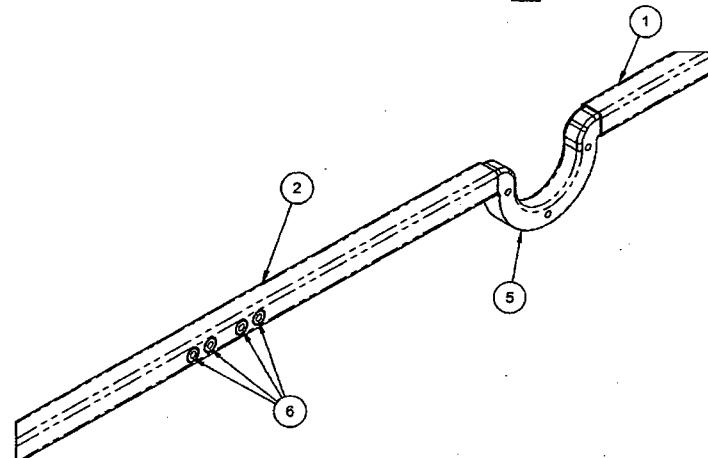
DQA: Date: ✓

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

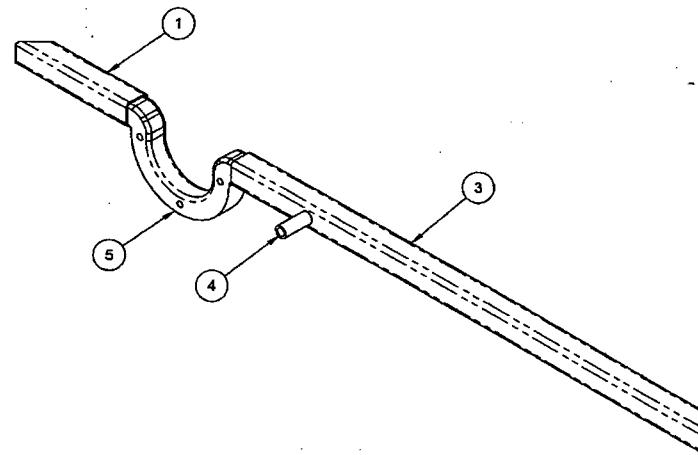
Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
<b>Landing Gear</b> Bending Centre Not Concentric to O/S Cracks Crushed/Crimped Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				<b>General</b> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/>			Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>				Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>		Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/>  <input type="checkbox"/> Other _____	

ITEM	QTY -041	QTY -043	P/N	DESCRIPTION	
	X		D4034-041	AFT UPPER RIB ASSY	△ B
	X		D4034-043	FWD UPPER RIB ASSY	△ B
1	1	1	D4034-1	RIB	△ B
2	1		D4034-3	RIB	△ B
3		1	D4034-5	RIB	△ B
4		1	D2327-3	SPACER BUSHING	
5	1	1	D4021-7	HOOP	
6	4		D4021-9	BUSHING	△ B

94735  
PL13-1-3



D4034-041 AFT UPPER RIB ASSY



D4034-043 FWD UPPER RIB ASSY

RELEASED  
2011-01-18  
M

B	ADDITIONAL HOLES ADDED ON D4034-3 RIB		SC	10.12.20
A	NEW ISSUE		AJS	10.03.04
REV.	DESCRIPTION		BY	DATE
DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
DRAWN	SC			
CHECKED		DRAWING NO.	REV. B D4034	
MFG. APPR.		SHEET 1 OF 4		
APPROVED		TITLE	SCALE UPPER RIB ASSY, BASKET BASE NTS	
DE APPR.		DATE		
		10.12.20	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

